PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notificate	form should be used correspondence includi- d below or directed of ions.	for training the	namitting the ISSI Patent, advance of in Block I, by (ould be completed when correspondence address a rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						e: A certificate of (s) Transmittal. The ers. Each additions its own certificate	mailin is certi il paper of ma	g can only be used for ficate cannot be used for such as an assignment ling or transmission.	r domestic mailings of the or any other accompanying at or formal drawing, mus
50905		/2007						of Mailing or Transi	
MXKERRKERE KURZON WAS ROZBOX AS VS	ttn: Legal D	r, Inc. Dept. front Road		reby cortify that thes Postal Service versed to the Mai smitted to the USP	nis Fee(with sul I Stop TO (57	s) Transmittal is being flicient postage for firs ISSUE FEE address 1) 273-2885, on the de	deposited with the Unite t class mail in an envelop above, or being facsimil to indicated below.		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					Jacqueline Linds			ay	(Depositor's nume)
						Tacomel	-	1 . Leem	(Signature)
					O	ctober 29.	2007		(Date)
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	TOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/828,755 04/21/2004				Charles A. Miller	-			P208-US	5339
TITLE OF INVENTION: INTELLIGENT PROBE CARD ARCHITECTURE									
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	e feb	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1400	\$300		\$0		\$1700	10/31/2007
EXAMINER ART			ART UNIT	CLASS-SUBCLASS		1			
PATEL, PARESH H 2829				324-754000		•			
Change of correspondence address or indication of "Fee Address" (37 CFR 1.953). Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 103-42 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the ranges of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2. Registered potent attorneys of up to 3. Registered potent attorneys of up to 4. Registered potent attorneys of up to 4. Registered potent attorneys of up to 4. Registered potent attorneys of up to 5. Registered potent attorneys of up to 6. Registered potent att					
3. ASSIGNEE NAME AT	ND RESIDENCE DATA	TOF	E PRINTED ON	THE PATENT (print o	r typ	ж) .			
PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.									
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
FormFactor, Inc. Livermore, CA									
Please check the appropri	ate assignce category or	catego	orics (will not be pr	inted on the patent) :		Individual 🖾 C	orporati	on or other private gro	up entity 🔲 Governmen
4a. The following fee(s) are submitted: 4b				b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) \[\begin{align*}\] \text{\text{check is emclosed.}} \\ \begin{align*}\] Payment by credit cart. Form PTO-2038 is sitached. \\ \begin{align*}\] Payment by credit cart. Form PTO-2038 is sitached. \\ \begin{align*}\] The Director is breeby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposil Account Number 5_0_1_29\$. (enclose an extra copy of this form). \end{align*}\]					
	us (from status indicate								
	SMALL ENTITY state			b. Applicant is no	long	ger claiming SMA	LL EN	FITY status. See 37 CF	R 1.27(g)(2).
nterest as shown by the r	ocords of the United Sta	tes Pat	ent and Trademark	Office.		ne applicant, a regi			assignee or other party is
Authorized Signature						Date		ctober 29, 200	7
Typed or printed name Robert Scott Hauser						Registration N			· ·
This collection of informs an application. Confident submitting the completed this form and/or suggestion	tion is required by 37 C iality is governed by 35 application form to the	U.S.C USPT	11. The information 122 and 37 CFR O. Time will vary	n is required to obtain 1,14. This collection is depending upon the	or r	ctain a benefit by t imated to take 12 i idual case. Any co	he publ	to complete, including s on the amount of time	by the USPTO to process gathering, preparing, and is you require to complete

Box 1430, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

OMB 0651-0033